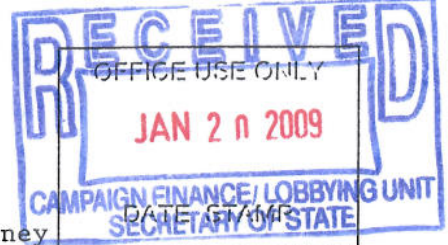


POLITICAL COMMITTEE'S REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Committee Committee To Re-elect Cono Caranna Dist. Attorney
Address PO Box 231, Biloxi, MS 39533-0231 County Hancock, Harrison & Stone
Telephone 228-865-4003 (Fax) 228-374-5521
Treasurer Sam J. LaRosa, Jr. Email Address Linda@pwlcpa.com

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☐ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

		(itemized + non-itemized)	Total This Period	Beginning Balance -- \$560.67
				Calendar year-to-date
Total amount of contributions	\$ 2300.00	+ \$ -0-	\$ 2300.00	\$ 2300.00
Total amount of disbursements	\$ 1010.00	+ \$ 535.00	\$ 1545.00	\$ 1545.00
Total amount of cash on hand		\$ 1315.67		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Officer)

(Date) 1/15/09

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Cono CarannaReporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name H. Gordon Myrick, Inc.	<u>1</u> / <u>7</u> / <u>08</u>	\$300.00
Mailing Address PO Box 1479	___ / ___ / ___	\$
City, State, Zip Code Biloxi, MS 39502	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$ 0.00
Occupation (Required)	Aggregate year-to-date	\$ 300.00
B Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Keith Pizarich	<u>1</u> / <u>7</u> / <u>08</u>	\$ 1000.00
Mailing Address PO Box 936	___ / ___ / ___	\$
City, State, Zip Code Biloxi, MS 39533	___ / ___ / ___	\$
Name of Employer (Required) Self	___ / ___ / ___	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 1000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Michael F. Cavanaugh	<u>1</u> / <u>14</u> / <u>08</u>	\$ 250.00
Mailing Address PO Box 1911	___ / ___ / ___	\$
City, State, Zip Code Biloxi, MS 39533	___ / ___ / ___	\$
Name of Employer (Required) Self	___ / ___ / ___	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joseph P. Hudson	<u>1</u> / <u>25</u> / <u>08</u>	\$250.00
Mailing Address PO Box 908	___ / ___ / ___	\$
City, State, Zip Code Gulfport, MS 39502-0908	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Cono CarannaReporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name R.H. Oswald	3 / 12 / 08	\$ 500.00
Mailing Address PO Box 189	___ / ___ / ___	\$
City, State, Zip Code Pascagoula, MS 39568-0189	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Cono CarannaReporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Betty Pylate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15901 Albany Dr	<u>01</u> / <u>10</u> / <u>08</u>	\$ 500.00
City, State, Zip Code Biloxi, MS 39532	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Bookkeeping	Aggregate Year-to-date	\$ 500.00
B. Full name American Heart Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 440 E. Pass Road	<u>03</u> / <u>12</u> / <u>08</u>	\$ 260.00
City, State, Zip Code Gulfport, MS 39507	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 260.00
C. Full name Lucy Denton Campaign Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1204	<u>10</u> / <u>06</u> / <u>08</u>	\$ 250.00
City, State, Zip Code Biloxi, MS 39533-1204	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$